

Application Data Sheet

Application Information

Application number:: Unassigned
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??: Yes
Number of CD disks:: 1
Number of copies of CDs:: 1
Sequence Submission::
Computer Readable Form (CRF)?:
Number of copies of CRF::
Title:: METHOD AND SYSTEM FOR PROVIDING
STAMPS BY KIOSK
Attorney Docket Number:: 006969-028210
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 17
Small Entity?: No
Latin name::
Variety denomination name::
Petition included?: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Middle Name:: D. L.
Family Name:: Martin
Name Suffix::
City of Residence:: Royersford
State or Province of Residence:: PA
Country of Residence::
Street of Mailing Address:: 1508 Yeager Road

City of Mailing Address:: Royersford
State or Province of mailing address:: PA
Country of mailing address::
Postal or Zip Code of mailing address:: 19468

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: J. P.
Middle Name::
Family Name:: Leon
Name Suffix::
City of Residence:: San Carlos
State or Province of Residence:: CA
Country of Residence::
Street of Mailing Address:: 1005 Elm Street
City of Mailing Address:: San Carlos
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94070

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: L.
Middle Name:: Carlton
Family Name:: Brown, Jr.
Name Suffix::
City of Residence:: Warrenton
State or Province of Residence:: VA
Country of Residence::
Street of Mailing Address:: 5621 Sinclair Drive
City of Mailing Address:: Warrenton
State or Province of mailing address:: VA
Country of mailing address::
Postal or Zip Code of mailing address:: 20187

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Name::
David N. Slone
Kim Kanzaki, Ph.D.

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/290,563	05/11/01
	Continuation-in-part of	09/708,883	11/07/00
	Non-Provisional of	60/216,653	07/07/00

Country:: Application number:: Filing Date::

Assignee Name::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::